



Mailing address - documentation only
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STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Bookmark our website:
www.tdh.state.tx.us/hcqs/plc/speech.htm

Budget No.: ZZ117
Fund No. 158
Mailing address - documentation
accompanied by a fee (include budget
and fund as noted above)
P.O. Box 12197
Capitol Station
Austin, Texas 78711-2197

APPLICATION FORM

All applicants must submit this Application Form. All questions must be answered. Be sure to read board rules to determine what documents are required: Application processing begins after all required documentation is received and accepted by the Board. Faxed documents are not accepted.

Our process: Your application, mailed to the above post office box, is routed to the Texas Comptroller, where your check is cashed. After cashing your check, the Comptroller forwards your application to our Board. When the board receives your application, staff enters your name and information into our database and checks your application to see if it is complete (includes all required documents). If your application is complete, it is forwarded for evaluation, approval, and processing, and it takes 15 business days. If any documents are missing, staff mails a deficiency notice and NO processing is done on your application until the documents are received. After all required documents are received, your application is forwarded for evaluation, approval and processing, and it takes 15 business days. If a license is granted, the board will mail you an "approval to work" letter and you may begin to practice. If you include a fax number with your application and request that we fax the approval letter to your employer, staff will fax the letter before we mail it. **NO VERBAL APPROVALS WILL BE GIVEN.** Your actual license certificate and cards will be mailed to you a couple of weeks later.

Be sure to notify your employer that you will be unable to practice while you wait for your license. Please do not mail or deliver your application and fee directly to our board's office; board staff will be required to send your fee to TDH Finance before processing your application, and your application will be delayed.

Texas Occupations Code, §401.301, states, "A person may not practice speech-language pathology or audiology or represent that the person is a speech-language pathologist or audiologist in this state unless the person holds a license under this chapter." Section 401.503 states an offense is a Class B misdemeanor, and upon conviction, punishable by up to six (6) months in jail or up to \$1,000 fine or both.

Prior to completing this form, you MUST read the law (Texas Occupations Code, Chapter 401) and the Board Rules, Chapter 741. Do not complete the affidavit on the last page if you have not read the law and Board Rules.

1. Applicant's Legal Name: _____
(First) (Middle) (Last)

2. Name(s) on Transcript(s) if different from #1: _____

3. Date of Birth: _____ 4. Social Security Number: _____

5. Mailing address. The Board office is not responsible for lost, misdirected or undelivered forms and fees. **The board will mail all documents to the address you provide us below. (Be sure to include the zip code)**

6. Home telephone number: (____) _____ E-mail: _____

7. FEES: The fee **must** be mailed with the application. **DO NOT SEND CASH. FEES ARE NONREFUNDABLE.** APPLICATION MATERIALS RECEIVED WITHOUT THE FEE WILL BE RETURNED. Make checks payable to TDH/Speech-Audiology Licensing Program. To expedite processing, mail to:

STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
TEXAS DEPARTMENT OF HEALTH
P.O. BOX 12197
CAPITOL STATION
AUSTIN, TX 78711-2197

8. **MARK THE SECTION OF BOARD RULES UNDER WHICH YOU ARE APPLYING AND SUBMIT THE APPROPRIATE FEE.**

Refer to the sections of the Board Rules referenced* for the requirements for a specific license or registration. Then refer to the Board Rules sections referenced** for the documentation that must be submitted when applying for that particular license or registration. Your license will not be processed until all required documents are received.

LICENSE/REGISTRATION		*REQUIREMENTS FOR LICENSE/REGISTRATION BOARD RULES REFERENCE	**REQUIRED APPLICATION MATERIAL BOARD RULES REFERENCE	Fee
Speech-Language Pathology	_____	§741.61	§741.112(a)	\$75
Audiology	_____	§741.81	§741.112(a)	\$75
Intern in Speech-Language Pathology	_____	§741.62	§741.112(b)	\$75
Intern in Audiology	_____	§741.82	§741.112(b)	\$75
Speech-Language Pathology Waiver ASHA CCC	_____	§741.63	§741.112(c)	\$75
Audiology Waiver ASHA CCC	_____	§741.83	§741.112(c)	\$75
Provisional Speech-Language Pathology	_____	§741.64	§741.112(d)	\$75
Provisional Audiology	_____	§741.84	§741.112(d)	\$75
Assistant in Speech-Language Pathology	_____	§741.65	§741.112(e)	\$75
Assistant in Audiology	_____	§741.85	§741.112(e)	\$75
Temporary Certificate of Registration For Speech-Language Pathology	_____	§741.66	§741.112(f)	\$55
Temporary Certificate of Registration For Audiology	_____	§741.86	§741.112(f)	\$55

NOTE: An individual applying for the audiology or intern in audiology license who wishes to register to fit and dispense hearing instruments, must also submit the Fitting and Dispensing of Hearing Instruments Registration Form and \$20.00 fee.

9. CURRENT EMPLOYMENT INFORMATION

Name of employer, agency or practice _____

Mailing address (include zip) _____

Telephone number (include area code) _____

Type of practice: ☐ private practice ☐ school ☐ government agency ☐ community agency ☐ university ☐ hospital

☐ other (specify) _____ **DATE EMPLOYMENT BEGAN:** _____

10. Have you ever held any type of speech-language pathology or audiology license issued by Texas? ☐ Yes ☐ No

If answer is yes, give dates when held and reason license is no longer valid: _____

11. Do you possess any other professional license(s) or certificate(s) issued by any state? ☐ Yes ☐ No

If yes, give license or certificate number(s), title(s), and states issuing license(s) or certificates(s):

12. Do you currently hold the American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence?
☐ Yes ☐ No

13. Have you been denied a professional license and/or certificate, or have you ever had any license and/or certificate revoked, canceled, or suspended? ☐ Yes ☐ No

If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license or certificate and the reason: _____

14. Have disciplinary proceedings been initiated against you in Texas or any other jurisdiction? ☐ Yes ☐ No

If answer is yes, please provide the following information:

Date of proceedings: _____ Where proceedings held: _____

15. Have you ever been convicted, plead guilty, or plead nolo contendere to any misdemeanor or felony? (Do not include juvenile offenses or any misdemeanor traffic violations.) ☐ Yes ☐ No

If yes, please provide the following information: Date of conviction: _____

Where convicted: _____ Charge: _____

If conviction was set aside, give date and explain, using additional pages if necessary: _____

(NOTE: The Texas Department of Health performs a Criminal Background Check on all applicants.)

16. Have you ever voluntarily surrendered any professional license or certificate? ☐ Yes ☐ No

If answer is yes, briefly state the type of license or certificate, the name and address of the agency that issued the license certificate and the reasons: _____

17. Have you practiced in the State of Texas with a military or governmental exemption? ☐ Yes ☐ No
If yes, give type of exemption. (Note: Practicing with a Texas Education Agency certificate in speech-language pathology and/or audiology is a governmental exemption ONLY if you practice under jurisdiction of Texas Education Agency.)

18. ACADEMIC TRAINING (List all colleges/universities attended and attach additional pages if necessary)

(a) Name and location of school: _____

Inclusive dates attended: From (mm/yy): _____ To (mm/yy): _____

Degree granted: _____ Date degree granted (mm/yy): _____

Major field: _____

(b) Name and location of school: _____

Inclusive dates attended: From (mm/yy): _____ To (mm/yy): _____

Degree granted: _____ Date degree granted (mm/yy): _____

Major field: _____

19. UNIVERSITY/COLLEGE CLINICAL EXPERIENCE

Name and address of university/college where you completed clinical experience (If several locations, list primary):

Number of clock hours of clinical observation: _____

Number of clock hours of clinical practicum: _____

20. INTERNSHIP: SUPERVISED PROFESSIONAL EXPERIENCE (Applicants for the assistant license may leave #20 unanswered)

Applicant's full-time supervised professional experience in which bona fide clinical work has been accomplished, under the supervision of a qualified individual. The experience must have begun after completion of the academic and clinical experience required for at least a master's degree in Communicative Sciences and Disorders. (Equivalent to ASHA CF)

(Note: Do not leave unanswered if applying under the ASHA waiver. Provide as much information as you can recall.)

Name of applicant's supervisor: _____ License #: _____

Name and address of agency/organization where applicant's experience was (or will be) gained:

Dates of applicant's supervised experience: From (mm/yy): _____ To (mm/yy): _____

PLEASE READ VERY CAREFULLY BEFORE YOU SIGN

With my signature on this application for licensure with the State Board of Examiners for Speech-Language Pathology and Audiology, I certify that:

- I have read the Speech-Language Pathology and Audiology licensing law and the Rules of the Board. I agree to abide by state law and all current and subsequent rules of the Board.
- All information provided in this application is truthful. I understand that giving false information of any kind will result in denial of licensure.
- I understand that the processing of my application will not begin until all required documents are received by the board.
- I understand that the fee submitted with this application is non-refundable.
- I agree to hold the State Board of Examiners for Speech-Language Pathology and Audiology, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.
- I understand that the name, license number, and mailing address of all holders of a Texas-issued professional license is subject to the Texas Open Records Act. This information will be provided in response to information requests for licensee lists from organizations and individuals. This information will be provided on the Board's website.
- I understand that the disclosure of a social security number by an applicant is mandatory under the rules of the Board, 22 TAC, §741.112 and Family Code, §231.302. Social security numbers will be used for identification purposes.
- I understand that the Texas Department of Health performs a Criminal Background Check on all applicants.
- I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the Board.

Signature of Applicant

Current Date

(This form MUST be signed and dated **IN THE PRESENCE OF A NOTARY PUBLIC**-verify that the signature dates match.)

STATE OF _____ ()

()

COUNTY OF _____ ()

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me (or introduced to me by _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____ A.D.

Seal

Notary Public - Signature

Date Commission Expires

REVIEW BEFORE SUBMISSION. ALL QUESTIONS MUST BE CORRECTLY COMPLETED. INCOMPLETE/INACCURATE FORMS WILL NOT BE PROCESSED AND MAY SIGNIFICANTLY DELAY YOUR LICENSE APPROVAL. FAXED DOCUMENTS ARE NOT ACCEPTED.

With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)